



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

Audits Section - Southern Region

11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015

Telephone: (562) 406-3929

Fax: (562) 406-3951

FEB 01 2008

Jerry Wengerd, Director  
Riverside County Mental Health  
P.O. Box 7549  
Riverside, CA 92513-7549

Dear Mr. Wengerd:

## AUDIT REPORT – ANKA BEHAVIORAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Anka Behavioral Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

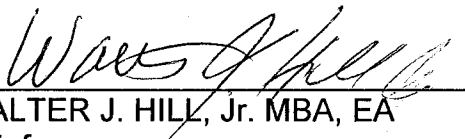
The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of			
Short-Doyle/Medi-Cal – FFP	\$ 639,480	\$ 639,480	\$ 0

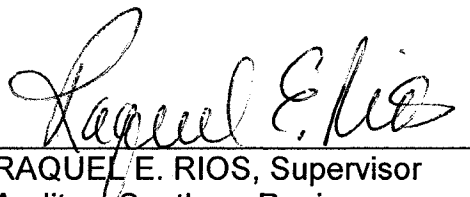
If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

Handwritten signature of Walter J. Hill, Jr. in cursive script, written over a horizontal line.

WALTER J. HILL, Jr. MBA, EA  
Chief

Handwritten signature of Raquel E. Rios in cursive script, written over a horizontal line.

RAQUEL E. RIOS, Supervisor  
Audits - Southern Region

Enclosures

CERTIFIED MAIL



C A L I F O R N I A D E P A R T M E N T O F

# Mental Health

Audits Section – Southern Region  
11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650  
Telephone: (562) 406-3929 Fax: (562) 406-3951

Leny Nair, VP of Finance  
Anka Behavioral Health, Inc.  
1875 Willow Pass Road # 300  
Concord, CA 94520

Dear Ms. Nair:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

RAQUEL E. RIOS  
Audits Supervisor

Attachment

RIVERSIDE  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: PHOENIX HOUSE  
LEGAL ENTITY NUMBER: 125

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COST</u>				
FEDERAL - FFP	(Sch. 2)	\$ <u>639,480</u>	\$ <u>(0)</u>	\$ <u>639,480</u>

**PHOENIX HOUSE**  
**RIVERSIDE COMMUNITY MENTAL HEALTH SERVICES**  
**SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE**  
**FISCAL YEAR ENDED JUNE 30, 2003**

		Audit		
		As Settled	Adjustments	As Audited
<b><u>Total Medi-Cal Gross Reimbursement</u></b>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	1,242,593	0	1,242,593
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 1,242,593</u>	<u>\$ 0</u>	<u>\$ 1,242,593</u>
<b><u>Less: Patient &amp; Other Payer Revenues</u></b>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<b><u>Medi-Cal Net Reimbursement for Direct Services</u></b>				
19. Inpatient SD/MC (Incl Children Enhanc)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanc)	(Ln 2,4 - Ln 11,13)	1,242,593	0	1,242,593
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 1,242,593</u>	<u>\$ 0</u>	<u>\$ 1,242,593</u>
<b><u>Medi-Cal MAA Reimbursement</u></b>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<b><u>Amount Negotiated Rates Exceed Cost</u></b>				
29. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<b><u>Net Reimbursable Cost - FFP</u></b>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 639,480	\$ (0)	\$ 639,480
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	0	0
42. Total - FFP		<u>\$ 639,480</u>	<u>\$ (0)</u>	<u>\$ 639,480</u>
<b>Contract Maximum</b>		<u>\$ 999,385</u>	<u>\$ 0</u>	<u>\$ 999,385</u>
<b>Lower of Net Reimbursable Cost or Contract Maximum</b>		<u>\$ 639,480</u>	<u>\$ (0)</u>	<u>\$ 639,480</u>

(To Sch.1)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS  
MH 1960 (10/04)

Fiscal Year 2002-2003

County: RIVERSIDE  
County Code: 33

As Audited

Legal Entity: PHOENIX HOUSE		A	B	C
Legal Entity Number: 00125		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,009,414	851,619	1,861,033
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,009,414	851,619	1,861,033
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,861,033
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,861,033
19	Total Costs - Lines 9 through 18			1,861,033

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**  
**ALLOCATION OF COSTS TO MODES OF SERVICE**  
**MH 1964 (10/04)**

**DEPARTMENT OF MENTAL HEALTH**  
**Fiscal Year 2002-2003**

County: RIVERSIDE  
County Code: 33

Legal Entity: PHOENIX HOUSE		A
Legal Entity Number: 00125		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,861,033
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	340,898
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,479,337
6	Outreach Services (Mode 45)	40,798
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	1,861,033

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: RIVERSIDE  
County Code: 33

CR

Legal Entity: PHOENIX HOUSE			A	B	C	D	E	F	G
Legal Entity Number: 00125			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)				40					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			3,600					
3	Gross Cost		340,898	340,898					
4	Cost per Unit			94.69					
5	SMA per Unit			267.20					
6	Published Charge per Unit			267.20					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		548					
8A		10/01/02 - 06/30/03		1,365					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			1,687					
13	Medi-Cal Costs	07/01/02 - 09/30/02	51,892	51,892					
13A		10/01/02 - 06/30/03	129,257	129,257					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	146,426	146,426					
14A		10/01/02 - 06/30/03	364,728	364,728					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	146,426	146,426					
15A		10/01/02 - 06/30/03	364,728	364,728					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		159,749	159,749					



ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

Fiscal Year 2002-2003

County: RIVERSIDE County Code: 33			CR	CR	CR	CR		
Legal Entity: PHOENIX HOUSE			A	B	C	D	E	F
Legal Entity Number: 00125				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function
				01	45	60	70	
1	Allocation Percentage		100.00%	18.86%	22.89%	22.20%	36.05%	
2	Total Units			253,435	384,040	141,002	166,815	
3	Gross Cost		1,479,337	278,936	338,650	328,388	533,362	
4	Cost per Unit			1.10	0.88	2.33	3.20	
5	SMA per Unit			1.77	2.28	4.23	3.41	
6	Published Charge per Unit			1.77	2.28	4.23	3.14	
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		33,545	57,260	17,369	30,940	
8A		10/01/02 - 06/30/03		170,730	201,850	88,415	82,205	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			49,160	124,930	35,218	53,670	
13	Medi-Cal Costs	07/01/02 - 09/30/02	226,790	36,920	50,492	40,452	98,925	
13A		10/01/02 - 06/30/03	834,654	187,909	177,993	205,915	262,836	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	368,904	59,375	130,553	73,471	105,505	
14A		10/01/02 - 06/30/03	1,416,725	302,192	460,218	373,995	280,319	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	360,550	59,375	130,553	73,471	97,152	
15A		10/01/02 - 06/30/03	1,394,529	302,192	460,218	373,995	258,124	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		417,893	54,107	110,164	82,021	171,601	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1  
Fiscal Year 2002-2003

County: RIVERSIDE  
County Code: 33

CR

Legal Entity: PHOENIX HOUSE		A	B	C	D	E	F	G
Legal Entity Number: 00125		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		2,200					
3	Gross Cost	40,798	40,798					
4	Cost per Unit		18.54					
5	Non-Medi-Cal Units		2,200					
6	Non-Medi-Cal Costs	40,798	40,798					

## Fiscal Year 2002-2003

County Code: 33			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: PHOENIX HOUSE			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00125			Mode 55			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29								
1	Medi-Cal Costs	07/01/02 - 09/30/02						51,892		226,790	278,682		278,682
1A		10/01/02 - 06/30/03						129,257		834,654	963,911		963,911
2	Medi-Cal SMA	07/01/02 - 09/30/02						146,426		368,904	515,329		515,329
2A		10/01/02 - 06/30/03						364,728		1,416,725	1,781,453		1,781,453
3	Medi-Cal P. C.	07/01/02 - 09/30/02						146,426		360,550	506,976		506,976
3A		10/01/02 - 06/30/03						364,728		1,394,529	1,759,257		1,759,257
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						51,892		226,790	278,682		278,682
5A		10/01/02 - 06/30/03						129,257		834,654	963,911		963,911
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02						51,892		226,790	278,682		278,682
11A		10/01/02 - 06/30/03						129,257		834,654	963,911		963,911
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						51,892		226,790	278,682		278,682
21A													

SD/MC PRELIMINARY DESK SETTLEMENT  
MH 1979 (10/04)

## DEPARTMENT OF MENTAL HEALTH

County: RIVERSIDE

County Code: 33

[illegible]